

A STUDY OF RECENT LIFE EVENTS AND THEIR ROLE IN THE PRECIPITATION OF MANIA.

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The present study of fifty patients was aimed at determining the prevalence and nature of recent life events and their role in the precipitation of mania. The role of other factors like family history of psychiatric illness and personality temperament were also taken into account. The study showed that 54% of patients with manic episodes had life events in the preceding one month. The commonest type of life event perceived was a financial problem, large loan, marital and family conflicts and damage to property or crops. Perception of life events had a statistically significant relationship with family history of mental illness and educational status.

Key words: life events, mania.

INTRODUCTION

Life without stress cannot be imagined. Psychosocial stresses form an inescapable part of life, and up to a degree may be essential for adequate personality development. However, if these stresses are too severe or too numerous, they may affect the psychic equilibrium, producing maladaptive patterns and possibly mental disorders. The notion that major stressful life events can give rise to mental illness has been prevalent since antiquity.

Historically, the life events approach in psychiatric research is a recent continuation of the centuries old search for the environmental causes of psychic disease.

The work done in this field is very little. A good number of studies are available on the role of exogenous factors in schizophrenia and depression, but mania has been ignored. Life event research is based on the underlying presumption that significant events produce upsets and require some readjustment in life. An accumulation of these events in succession produces a non specific vulnerability for the development or precipitation of physical and psychiatric disorder.

India is undergoing an era of rapid change of industrialization and urbanization. Millions of villagers are migrating from their ancestral homes to metropolitan and big city slums. This population is subjected to increased stress and strains of life, which might contribute to the causation of mental illnesses including mania.

The present study is an effort in this direction and is designed to find out the significance of psychologically stressful life events in the precipitation of a manic illness.

AIMS

The present study was designed to fulfil the following aims:

1. To study the relationship between psychologically stressful events and the precipitation of a manic episode.
2. To find out the frequency and nature of psychologically stressful events just prior to the onset of mania.

MATERIAL AND METHODS

A sample of fifty patients who were diagnosed to have manic depressive psychosis by the consultants at Psychiatric Center, Jaipur and who fulfilled Feighner's diagnostic criteria were studied. The following were the exclusion criteria:

1. Those who were already on antipsychotic medication.
2. Those with rapid succession of manic and depressive episodes, without a reasonably long interval of normality.
3. Those with a history extending more than fifteen years and with more than ten episodes.
4. Cases where previously a non-affective diagnosis had been made.

These cases were matched with an equal number of controls with regard to age, sex and marital status, who were never hospitalized for psychiatric symptoms and in whom there was no history of any chronic excessive alcohol ingestion or history of impairment in work, school or domestic affairs with psychiatric symptoms lasting a month or more requiring psychological assistance.

Each case was administered:

- A. Specially designed proforma which included socio-demographic data, details of present illness, past history, family history and premonitory personality.
- B. Feighner's diagnostic criteria.
- C. Socio-economic status scale:
Rural (Pareek & Trivedi, 1964)
Urban (Kuppuswamy, 1962)
- D. Hindi version of Presumptive Stressful Life Events Scale (PSLE: Singh, 1984).
- E. Eysenck's Personality Inventory (EPI): P.E.N.

RESULTS

The majority of manics were in the age group of 26 to 35 and 86% were male. Most (88%) were married and 12% were single, widowed or divorced. Three-fourths (76%) belonged to rural areas and 46% belonged to the lower socio-economic group (category IV); 32% belonged to group III and only 2% belonged to category I.

Table 1
Distribution of manics and normal controls according to the number of life events experienced

No. of life events	Manics n=50	Controls n=50	Total
None	23 (46%)	44 (88%)	67
One	3 (6%)	4 (8%)	7
Two	7 (14%)	2 (4%)	9
Three or more	17 (34%)	0 (-)	17

$\chi^2 = 26.5$, $df = 3$, $p < 0.001$ highly significant

Table 2
Mean life events perceived in preceding one month by manics and normal controls

Groups	Life events perceived		Total number of life events
	Mean	Std dev	
Manics	1.54	± 1.801	77
Controls	0.16	± 0.282	8

$t = 5.369$, $df = 98$, $p < 0.01$ highly significant

Table 3
Frequency and type of life events perceived

Life Events	Manics	Control
Financial loss or problems	10	2
Large loan	8	1
Marital conflict	6	
Family conflict	5	1
Property or crops damaged	5	
Marriage of daughter or dep.sister	4	
Self or family member unemployed	3	
Death of close family member	3	1
Major purchase or house construction	3	1
Illness of family members	3	2
Gain of new family members	2	
Change of residence	2	
Pregnancy of wife	2	
Going on pleasure trips or pilgrimage	2	
Failure in examination	2	
Change in Social activities	2	
Change or expansion of business	2	
Change in sleeping habits	2	
Birth of daughter	1	
Getting married or engaged	1	
Outstanding personal achievement	1	
Trouble at work with colleagues superiors or subordinates	1	
Broken engagement or love affairs	1	
Marital separation or divorce	1	
Break up with friend	1	
Trouble with neighbor	1	
Failure in examination	1	
Prophecy of astrologer or palmist	1	
Suspension or dismissal from job	1	

Illiteracy was present in 44% of manics and 16% of controls. Among rural patients, 50% were engaged in cultivation and 18.4% were laborers. Among the urban group, 50% were unskilled workers and 25% were clerks or shop owners. Among patients, 38% were from a joint family and 62% from a nuclear family, while among controls, 44% belonged to a joint family and 56% were from a nuclear family.

RECENT LIFE EVENTS AND MANIA

Among manics, 28% had a family history of mental illness as compared to 12% among controls. Life events were experienced by 54% of manics and only 12% of controls; 34% of manics had three or more life events, 14% had two life events and 6% had one life event. In contrast, only 4% of controls had two life events and 8% had one life event (Tables 1 and 2).

Out of the 51 life events in the PSLE, financial loss or problem was experienced more frequently by patients (20%), followed by large loan (16%), marital conflict (12%) and family conflict or damage to property or crops (10%). Other events were experienced by lesser numbers (Table 3). Out of a total of 77 life events reported by patients, 61 were unpleasurable and only 16 were pleasurable, the ratio being 3.81:1.

Among the fifty manic patients, forty one had euphoric mood according to Feighner's diagnostic criteria while nine had an irritable mood. Four out of six symptoms were present in 52% and all six symptoms were present in 22%.

On the PEN scale, mean scores for extroversion were 14.8 for manics and 11.4 for controls. For psychoticism, mean scores were 9.6 for manics and 3 for controls, and for neuroticism 8.3 for manics and 13.7 for controls. Manics scored more on extroversion and psychoticism and controls scored more on neuroticism.

DISCUSSION

In this study, the majority of manics fell in the age group 26-35 years. In Kraepelin's series also, 58% of first attacks occurred between the ages of 20 and 35 years. More males (86%) had illness in the present study. The sex difference is less marked for M.D.P. illness, the ratio being 1.5:1 to 2:1 (Klerman, 1977). Such a discrepancy could be because of the lower social position of females in Indian culture. Hence, the lower female rate may be due to lack of psychiatric help seeking, especially in rural areas and not due to lower incidence of mental illness (Rao, 1967).

The majority of manics (88%) were married; however, Pearlin (1962) found a negligible significance for marital status in manic depressive psychosis. The fact that 76% of patients belonged to rural areas could be because of the stigma attached to the hospital, causing urban people to take treatment privately by psychiatrists.

About half (46%) of the manics belonged to a lower socio-economic status, while Faris and Dunham reported that manic depressive psychosis is a disorder of upper and middle classes. This could be because people of higher status tend to go to private psychiatrists.

The majority of patients (44%) were illiterate as compared to only 16% of normal controls ($p < 0.01$). This is in opposition with Odegaard's finding that affective psychosis is more prevalent than schizophrenia among educated persons. This could be because of the lower literacy rate in India.

Among manics, 28% had a family history of mental illness while only 12% of normal controls had a positive family history. This is a statistically significant ($p < 0.05$) observation. Kraepelin (1921) found a positive family history among 36% of his patients. Singhal et al (1984) reported a figure of 40% and Ambelas (1979) reported a positive family history in one third of his cases.

Life events were experienced by 54% of manics as compared to only 12% of normal controls. This observation is statistically significant ($p < 0.001$). Cassidy et al (1957) and Dunner (1979) found occurrence of stressful life events among 50% of cases. Ambelas (1979) reported the presence of life events in 28% of patients and only 6.6% of controls. Patrick et al (1978) also reported 50% of patients who recalled significant life events in a three month interval preceding their initial affective episode. Singh et al (1984) also reported that in our population, an individual experiences a mean of two life events without having any adverse effect on his physical or psychological health.

Among the life events, Ambelas (1979) found bereavement to be the major event. Bidzinska (1984) reported marital and family conflicts, health problems, emotional and ambitional failures, lack of success and work overload. Singhal (1984) reported death of first degree relative, economic crisis, failure in any achievement and death of spouse as the most frequent events reported by patients. These differences could be due to the use of different scales for stressful life events and the different duration of life events for which they were considered in the study. In this study, financial loss or problem was the main event. India being a poor country, financial problems are faced quite often among our patients. The ratio of unpleasurable to pleasurable life events was 3.81:1. Ambelas (1979) has also reported that unpleasurable life events prevailed by 4:1.

To conclude, it is evident that more manics than controls had experienced life events before the onset of their illness, which indicates that life events have a role in the precipitation of mania. This information could be used to prevent precipitation of an attack by avoiding exposure of stressful life events or modifying it. A timely intervention may be helpful either in preventing or postponing and reducing the intensity of the illness.

REFERENCES

- Ambelas, A.** (1979) Psychologically stressful events in the precipitation of manic episodes. *British Journal of Psychiatry*, 135, 15-21.
- Bidzinska, E.J.** (1984) Stress factors in affective disorders. *British Journal of Psychiatry*, 144, 2, 161-166.
- Cassidy, W.L., Flanagan, N.B. & Spellman, M.** (1957) Clinical observation in manic depressive illness. *Journal of the American Medical Association*, 164, 1535-1546.
- Dunner, D.L., Patrick, V. & Fieve, R.R.** (1979) Life events at the onset of bipolar affective illness. *American Journal of Psychiatry*, 136, 4B, 508-511.
- Faris, R.E. & Dunham, H.W.** (1939) *Mental disorders in urban areas*. Chicago: University of Chicago Press.
- Feighner, J.P., Robins, E., Guze, S.B., Woodroff, R.A., Winokur, G. & Munoz, R.** (1972) Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry*, 26, 57-63.
- Klerman, G.L., Klerman, J.E. & Barrett, J.F.** (1973) The affective disorders. Clinical and epidemiological aspects. In *Lithium: its role in psychiatric treatment and research*, (Ed. S.Gershon & B.Shopsin). New York: Plenum Press.
- Kraepelin, E.** (1921) *Manic depressive insanity and paranoia*, (Ed. G.M.Robertson). Edinburgh: E. & S.Livingstone.
- Kuppuswamy, B.** (1962) *Socio-economic status scale (Urban)*. Delhi: Manasayan.
- Odegaard, O.** (1956) The incidence of psychoses in various occupations. *International Journal of Social Psychiatry*, 2, 85-104.
- Pareek, U. & Trivedi, G.** (1964) Categorization of rural socio-economic groups. *Indian Journal of Social Work*, 24, 297-303.
- Patrick, V., Dunner, D.L. & Fieve, R.R.** (1978) Life events and primary affective illness. *Acta Psychiatrica Scandinavica*, 58, 1, 48-55.
- Pearlin, L.I.** (1962) Treatment values and enthusiasm for drugs in a mental hospital. *Psychiatry*, 25, 170-179.
- Rao, S.** (1967) Sex distribution of mental disorder: a study in India. *Indian Journal of Psychiatry*, 9, 4, 264-271.
- Singh, G., Kaur, D. & Kaur, H.** (1984) Presumptive stressful life events scale (PSLE). A new stressful life events scale for use in India. *Indian Journal of Psychiatry*, 26, 2, 107-114.
- Singhal, A.K., Agarwal, S. & Nathawat, S.S.** (1984) Role of stressful life events in mania. *Indian Journal of Psychiatry*, 26, 3, 219-222.

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